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POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS		Application Number 10/623,039 Filing Date July 18, 2003 First Named Inventor Subhashis Banerjee Title <i>Treatment of psoriatic arthritis using human TNFa antibodies</i> Art Unit 1643 Examiner Name David J. Blandchard Attorney Docket No. 117813-18801																													
<p>I hereby revoke all previous powers of attorney given in the above-identified application.</p> <p><input type="checkbox"/> A Power of Attorney is submitted herewith.</p> <p>OR</p> <p><input checked="" type="checkbox"/> I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:</p> <div style="border: 1px solid black; padding: 5px; width: fit-content;">87501</div> <p><input type="checkbox"/> I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Name</th> <th>Registration Number</th> <th>Name</th> <th>Registration Number</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>Please recognize or change the correspondence address for the above-identified application to:</p> <p><input type="checkbox"/> The address associated with the above-mentioned Customer Number:</p> <p>OR</p> <p><input checked="" type="checkbox"/> The address associated with Customer Number:</p> <div style="border: 1px solid black; padding: 5px; width: fit-content;">87501</div> <p>OR</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Firm or Individual Name</td> <td colspan="3"></td> </tr> </table> <p>Address</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">City</td> <td style="width: 25%;">State</td> <td style="width: 25%;">Zip</td> <td style="width: 25%;"> </td> </tr> <tr> <td>Country</td> <td>Telephone</td> <td>Email</td> <td> </td> </tr> </table> <p>I am the:</p> <p><input type="checkbox"/> Applicant/Inventor.</p> <p>OR</p> <p><input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. <i>Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on</i></p> <p style="text-align: center;">SIGNATURE of Applicant or Assignee of Record</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Signature</td> <td style="width: 33%;">Date</td> <td style="width: 34%;"><i>8/12/09</i></td> </tr> <tr> <td>Name</td> <td>Telephone</td> <td> </td> </tr> <tr> <td>Title and Company</td> <td colspan="2">Assistant Secretary</td> </tr> </table> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p> <p><input type="checkbox"/> *Total of <u>1</u> forms are submitted.</p>			Name	Registration Number	Name	Registration Number					Firm or Individual Name				City	State	Zip		Country	Telephone	Email		Signature	Date	<i>8/12/09</i>	Name	Telephone		Title and Company	Assistant Secretary	
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